

Ayurvedic Conservative Management of External Thrombosed Haemorrhoids - A Case Study

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ABSTRACT

Haemorrhoids i.e Piles or *Arshas* are nothing but the dilated, swollen and inflamed vein tissues present as a lump of mass of various sizes in and around the anus. It is a lifestyle disorder too, affected by advancement changes in the way people live in day to day life particularly sedentary lifestyle, Lacks of adequate physical activities, less work outs, straining during defaecation due to constipation, stress, addictions like Smoking, alcohol consumption are the main causes or factors responsible to cause this disease.

As per *Maharshi Sushruta*, vitiated *vatadosha* localizes in *guda vali* and vitiates *twak, mansa, meda and rakta* resulting in *strotodushti* of *annavahastrotasa*. The chief management portfolio of *arsha* or piles according to *ayurveda* includes *Aushadhichikitsa, Kshar karma, Agnikarma, and Shastra karma*. And on the counterpart, modern management includes chiefly Surgical interventions but the result was found to be less satisfactorily with much recurrences. That is why in this case study an humble effort made here to manage external thrombosed piles by fully ayurvedic conservative approach.

KEYWORDS: *Haemorrhoids, Arsha, Aushadhichikitsa, Shastra karma, gudavali*

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INTRODUCTION

Shalya tantra is a chief branch of Ayurveda representing surgical field. *Arsha* or Haemorrhoids are seen in current practice scenario on a very high scale which are even continuing since ancient times. Moreover, *Acharya Charak* has categorised *Arshas* in *Ashta-Mahagada*. These are an enlargement or engorgement of venous plexus either internal or external, characterised by symptoms like bleeding per rectum, constipation, prolapse, pain, inconveniences. If not treated early then blood may get clot inside it, which causes thrombosity which is very painful. Improper dietary habits, wrong defaecation habits, sedentary lifestyles, prolonged standing or sitting leads to vitiated *doshas* which leads to the formation of haemorrhoids.

Due to the fast life of people, they want immediate results within short period of time and thus approaches for surgical intervention which has some limitations and recurrence nature. Many treatment modalities like Haemorrhoidectomy, Infra Red Coagulation, Sclerotherapy, Cryo Surgery, Rubber band ligation, Stapler Haemorrhoidectomy are available due to advancement of science, but all these options are with limited concerns with their effectiveness.

Hence in this case, we have tried here to give total ayurvedic conservative approach to the patient who was not found fit for surgery and not even willing for surgery, diagnosed as external thrombosed haemorrhoids, so taken a case study of him regarding it for 3 weeks.

AIMS:

Ayurvedic Conservative management of External Thrombosed Haemorrhoids with special reference to *BahyaArsha* – A case study.

OBJECTIVES:

1. To observe the changes in sign and symptoms.
2. To find the most convenient, simple and cost effective therapeutic management of *Arsha* along with substitute to operative modalities.
3. To analyse the results.

METHODOLOGY:

To achieve the Aims and Objectives of the study, this work has been carried out in the following manner

1. Conceptual study
2. Case Study
3. Discussions
4. Conclusions.

CONCEPTUAL STUDY: As explained above the Haemorrhoids are variceal dilatations of the anal canal and perianal venous plexus and most often develop secondary to the persistently elevated venous pressure within the haemorrhoidal plexus and periphery. Most common and important cause includes prolonged and excessive standing and sitting, excessive straining during defaecation, chronic constipation, ageing, sedentary lifestyle with lack of workouts, digestion problems, dietary mishabits. Symptoms includes are bleeding p/r, pain, prolapse of mass, uncomfotability, anaemia, itching etc.

CASE STUDY:

A 48 years old male patient, driver by occupation, suffering from external propapsed bulge of mass around the anus at 3, 7 and 11 o'clock positions since last 3 months, having complaints of bleeding per rectum, pain at anal region, perianal itching, constipation. He consulted for the same to General surgeon and diagnosed as External Thrombosed Haemorrhoids at 3,7 & 11 o'clock and advised for Surgery by him. During physician fitness he was found unfit for surgery due to past history of Epilepsy n currently behavioural illness due to alcohol withdrawal.

He was then shifted for allopathic conservative medications for 1 month with no effect at all.

Medications included NSAID's, Antacids, Antibiotics, Laxatives, Lignocaine gelly 2%. So patient and his relatives decided to move on Ayurveda and came to shalya tantra OPD. After thorough examination he has been diagnosed as *BahyaArsha* according to ayurveda *samprapti*. and treatment of it started as per ayurvedic protocol based on *dosha*, *dushya* and *samprapti* of *arsha*. Along with that anal sitz bath in warm water has been advised. Within a week, patient got a little relief and by the end of 21 days of treatments patient has got significant relief from his previous complaints.

On Examination: AshtavidhPariksha

Nadi	84/min
Jivha	Saam (not coated)
Mala	Vibandh
Mutra	Normal
Sparsha (Skin)	Ruksha
Shabda (Speech)	Normal
Druk (Eyes)	Mild pallor
Akriti	Madhyam

General condition: Moderate and afebrile

Pulse Rate: 84/min, Regular

BP: 132/84 mmhg

Local Examination:

P/A – Soft

Liver - Palpable and Spleen – Not palpable

Perianal region – Swelling around anus

Anal verge: Painful

H/o - Epilepsy

No H/o – DM, HTN, BA, TB

No H/o – Any drug allergy

Habits: Mix diet

Strong alcoholic, Smoking, Tobacco

Lab Investigation: Hb – 9.1 gm%, RBS:- WNL

Diagnosis: External Thrombosed Haemorrhoids at 3,7,11 o'clock.

Treatment: Table No 1: Previous Treatment

Sr. No	Drug	Chemical Composition	Uses	Doses
1	Cap Omez D	Omeprazole 20mg + Domperidone 10 mg	Antacid and antiemetics	1 bd Before meal
2	Tab Zifi 200mg	Cefixime	Reduce Infection	1 bd after meal
3	Tab SN 15 Plus	Diclofenac 50mg + Serratiopeptidase	Reduce Pain and Inflammation	1 bd after meal
4	Tab Chymoral forte	Trypsin and chemotrypsine	Anti-inflammatory enzymes	1 bd after meal
5	LOX gelly 2%	Lidocaine 2%	To reduce pain	For Local appl ⁿ twice a day
6	Tab Gerbisa	Bisacodyl	Laxative	1 tab at bedtime only

Table No 2: Ayurved Treatment – AushadhiChikitsa

Sr. No	Drug	Chemical Composition	Uses	Doses
1	X-Piles ointment	Lajjalu, Bhringraja, Aloe vera, Nirgundi, Neem, Lasoon, Kateli, Makoy, Kapoor, Tankana, Yashadbhasma, Excipients.	To reduce Haemorrhoids and swelling	3 times a day for local application
2	Caps Ocheal	Patha, Dhamasa, Nagkesar, Anantmool	To reduce Haemorrhoids and swelling	2 tds after meal with water
3	Tab Raktasthambhakvati,	Nagkeshar, ShuddhaLaksha, Mocharas, ShuddhaGairik, DoorvaSwaras, Red ochre	To reduce Bleeding	2 bd after meal with water
4	Trifala churn	Hirada, Behada, Aawla	Laxative	1 to 2 teaspoons at bedtime with warm water

PathyaApathya(NidanParivarjan)

Strictly prohibit alcohol and smoking

Avoid spicy and non veg food

Avoid Straining during defaecation and continuous sitting

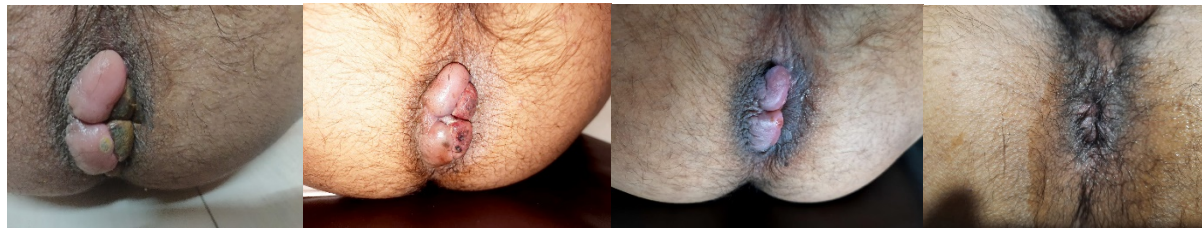
Anal sitz bath in warm water daily

Duration: 21 days (3 weeks)

Follow up: Patient observed on 7th, 14th and 21st days.

Table No 3: Observations and Results:

Sr. No	Complaints	Before Treatment	After Treatment		
			After 7 days	After 14 days	After 21 days
1	Pain	+++	++	+	Absent
2	Swelling	+++	++	+	Absent
3	Bleeding P/R	+++	+	Absent	Absent
4	Constipation	+++	Absent	Absent	Absent
5	Perianal Itching	+++	+	Absent	Absent



Pic No. 1

Before Ayu Treatment

Pic No. 2

After 7 days

Pic No. 3

After 14 days

Pic No. 4

After 21 days

In above case study, patient got relief from his complaints. There was a marked and significant reduction in external swelling ,pain, P/R bleeding and pruritis ani. At the end of 21st day there was no pile mass observed externally

DISCUSSION:

Haemorrhoids are major troublesome health risk and more painful which disturbs the routines of patient. But it is the *Arsha* in the ayurvedic parlance and should be treated as per vitiations of *doshas* and symptoms. After taking above line of treatment and *NidanParivarjanam* ,patient got symptomatic relief and *samprapti bhang*.

Probable mode of actions of above ayurvedic drugs viz *Nagkeshar*, *mochras*, *shuddhalaksha* helps to reduce the bleeding, moreover *deepanapachana* properties of *nagkeshar* helps in treating indigestion too. *Neem*, *kapoor* reduces itching by its antifungal and antibacterial properties. *Triphalachurna* helps to reduce constipation by its *Anulomak* property. *Lajjalu*, *bhringraja*, *nirgundi*, *tankana*, *yashadbhasma* helps to reduce the swelling by its anti-inflammatory properties. *doorvaswaras* made wound healing by its *svranaropak* properties.

CONCLUSION:

Reviewing the above case study it can be proudly said that an ayurvedic plan of management can be a game changer in most of the critical ano rectal disorders. *Dosh dushti* and its related factors is the prime thought which should be considered while treating these kind of diseases. *Samprati* of such diseases should be understood well before starting an ayurvedic treatment, So that proper ayurvedic guidelines and protocols can be applied for *samprapti bhang* and to avoid recurrences too.

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